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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **CAPITOL HILL PROVIDENCE RI 02908** 

BUYER: ALMA MILLER PHONE #: (401) 222 - 2142 ext. 124 BLANKET PERIOD: 8/1/05 - 7/31/09

**MENTAL HEALTH, RETARDATION & HOSPITALS** ı MHRH COMMUNITY LIVING AND SUPPORT SIMPSON HALL, 3RD FLOOR L PO BOX 20523 L **CRANSTON RI 02920** Т 0

Requisition Number(s): R76G056893

**BID NUMBER: B04829** 

**TITLE: DISPOSAL OF MEDICAL WASTE BID OPENING DATE AND TIME:** 03/18/2005 1:40 PM

S	MENTAL HEALTH, RETARDATION & HOSPITALS
н	MHRH - FOR DESTINATION
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Item	Class-Item	Quantity	Unit	Unit Price	Total
	BLANKET REQUIREMENTS: 8/1/05 - 7/31/09				
	BIDDING				
	(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.				
	(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.				
	(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.				
	(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.				
	ORDERING				
	(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.				
	(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY:	RIVIP VENDOR ID#:
TERMS OF PAYMENT:	DO NOT SIGN BID ON THIS PAGE!

**USE CERTIFICATION COVER FORM.** 

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Т 0 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **CAPITOL HILL PROVIDENCE RI 02908** 

BUYER:	ALMA MILLER
PHONE #:	(401) 222 - 2142 ext. 124
BLANKET PERIOD:	8/1/05 - 7/31/09

**MENTAL HEALTH, RETARDATION & HOSPITALS** MHRH COMMUNITY LIVING AND SUPPORT SIMPSON HALL, 3RD FLOOR L PO BOX 20523 **CRANSTON RI 02920** 

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em	Class-Item	Quantity	Unit	Unit Price	Total
	THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE				
	ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS				
	BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO				
	AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE				
	AT THE DISCRETION OF THE STATE. TERMINATION				
	MAY BE EFFECTED BY THE STATE BASED UPON				
	DETERMINING FACTORS SUCH AS UNSATISFACTORY				
	PERFORMANCE OR THE DETERMINATION BY THE				
	STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO				
	REVISE THE SCOPE AND NEED FOR THE TYPE OF				
	GOODS/SERVICES; ALSO MANAGEMENT OWNER				
	DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.				
	TOR GOODS/SERVICES.				
	PICK UP TO BE MONTHLY OR AS REQUESTED BY				
	AGENCY.				
	VENDOR TO PROVIDE ON SITE PICK-UP (SEE BELOW				
	FOR THREE SITES) AND DISPOSAL OF MEDICAL				
	WASTE; CULTURES, AND STOCKS, PATHOLOGICAL				
	WASTE, HUMAN BLOOD, BODY FLUIDS, AND BLOOD PRODUCTS, SHARPS, ISOLATION WASTE, UNUSED				
	SHARPS, SPILL/CLEANING UP MATERIAL MIXTURES,				
	OVER-THE-COUNTER AND PRESCRIPTION DRUGS.				
	VENDOR MUST COMPLY WITH ALL FEDERAL, STATE				
	AND LOCAL REGULATIONS.				

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DELIVERY:	 RIVIP VENDOR ID#:	

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **CAPITOL HILL PROVIDENCE RI 02908** 

BUYER: ALMA MILLER PHONE #: (401) 222 - 2142 ext. 124 BLANKET PERIOD: 8/1/05 - 7/31/09

**MENTAL HEALTH, RETARDATION & HOSPITALS** ı MHRH COMMUNITY LIVING AND SUPPORT SIMPSON HALL, 3RD FLOOR L PO BOX 20523 L **CRANSTON RI 02920** Т 0

Requisition Number(s): R76G056893

TERMS OF PAYMENT:

**BID NUMBER: B04829** 

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS CAPITOL HILL PROVIDENCE RI 02908

BUYER: ALMA MILLER PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 8/1/05 - 7/31/09

B MENTAL HEALTH, RETARDATION & HOSPITALS
I MHRH COMMUNITY LIVING AND SUPPORT
SIMPSON HALL, 3RD FLOOR
PO BOX 20523
CRANSTON RI 02920

Requisition Number(s): R76G056893

TERMS OF PAYMENT:

**BID NUMBER: B04829** 

TITLE: DISPOSAL OF MEDICAL WASTE
BID OPENING DATE AND TIME:
03/18/2005 1:40 PM

S	MENTAL HEALTH, RETARDATION & HOSPITALS
н	MHRH - FOR DESTINATION
1	SEE BELOW RI N/A
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Item	Class-Item	Quantity	Unit	Unit Price	Total
	LIOT OF OUTEO/FACILITIES DELOW.				
	LIST OF SITES/FACILITIES BELOW:				
	SMITHFIELD COMMONS APARTMENTS				
	551 PUTNAM PIKE SMITHFIELD, RI 02828				
	COLLEGE PARK APTS.				
	612 MT. PLEASANT AVENUE PROVIDENCE, RI 02920				
	UNIVERSITY FIELDS APTS. 65 WEST INDEPENDENCE WAY				
	KINGSTON, RI 02881				
	PRICE PER BOX FOR THE SERVICE (APPROXIMATELY 3000 BOXES)				
	948-93				
1.0	8/1/05 THRU 7/31/06 (12 MONTHS).	1.00	BX		
	Σ,		271		-
	948-93				
2.0	8/1/06 THRU 7/31/07 (12 MONTHS).	1.00	BX.		
	948-93				
3.0	8/1/07 THRU 7/31/08 (12 MONTHS).	1.00	EA		
	948-93				
4.0	8/1/08 THRU 7/31/09 (12 MONTHS).	1.00	EA		

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ELIVERY:	RIVIP VENDOR ID#:	

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Т 0 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **CAPITOL HILL PROVIDENCE RI 02908** 

RID	NUMBER:	B04829
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**TITLE: DISPOSAL OF MEDICAL WASTE BID OPENING DATE AND TIME:** 03/18/2005 1:40 PM

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**MENTAL HEALTH, RETARDATION & HOSPITALS** MHRH COMMUNITY LIVING AND SUPPORT SIMPSON HALL, 3RD FLOOR

BUYER: ALMA MILLER

PHONE #: (401) 222 - 2142 ext. 124

8/1/05 - 7/31/09

PO BOX 20523

BLANKET PERIOD:

**CRANSTON RI 02920** 

TERMS OF PAYMENT:

Requisition Number(s): R76G056893

Item	Class-Item	Quantity	Unit	Unit Price	Total
	CONTACT PERSON: WILLIAM MURRAY (401) 462-2145				
	DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.			TOTAL:	

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